

Effective date: 07/01/21

Buckeye Health Plan Preferred Drug List (PDL) Updates – Q2 2021

Buckeye Health Plan’s (BHP) Preferred Drug List (PDL) is developed in partnership with the Ohio Department of Medicaid (ODM) and the other Medicaid Managed Care Plans (MCPs) in Ohio. This unified PDL (UPDL) means all Ohio MCPs and Fee for Service Medicaid will prefer the same medications and use the same prior authorization criteria. ODM’s Pharmacy and Therapeutics (P&T) Committee is responsible for developing and maintaining the list of medications and related products that appear on the UPDL. Medications and related products are added, removed or modified periodically due to industry standard, market availability, and/or assessment of use. Below is the list of changes UPDL as determined at ODM’s Q2 2021 P&T meeting.

For the most current program description you may call Member Services at 1-866-246-4358 (TTY/TTD 1-800-750-0750) or visit the Buckeye Health Plan website at www.buckeyehealthplan.com.

Medicaid Preferred Drug List					
Drug Name	Ingredients	Dosage Form	Strength	Update	Notes
Nyvepria	Pegfilgrastim-apgf	Solution for injection	6/0.6ml	Add	Add as PA required, non-preferred
Eysuvis	Loteprednol Etabonate	Ophthalmic Susp	0.025%	Add	Add as PA required, non-preferred
Impeklo	Clobetasol Propionate	Topical Lotion	0.05%	Add	Add as PA required, non-preferred
Tazarotene	Tazarotene	Foam, Cream	0.1%	Change	Add as PA required, non-preferred
Armodafinil	Armodafanil	Tablet	50mg, 150mg, 200mg, 250mg	Change	Add as preferred, no PA required
Modafinil	Modafanil	Tablet	100mg, 200mg	Change	Add as preferred, no PA required
Sunosi	Solriamfetol HCl	Tablet	75mg, 150mg	Add	PA required, non-preferred
Wakix	Pitolisant HCl	Tablet	4.45mg, 17.8mg	Add	PA required, non-preferred

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Xyrem	Sodium Oxybate	Oral Solution	500mg/ml	Add	PA required, non-preferred
Xywav	Calcium, Mag, Potassium, & Sod Oxybates	Oral Solution	500mg/ml	Add	PA required, non-preferred
Adapalene	Adapalene	Topical Gel	0.1%	Change	Add as preferred, no PA required
Votrient	Pazopanib HCl	Tablet	200mg	Change	Add as preferred, clinical PA required